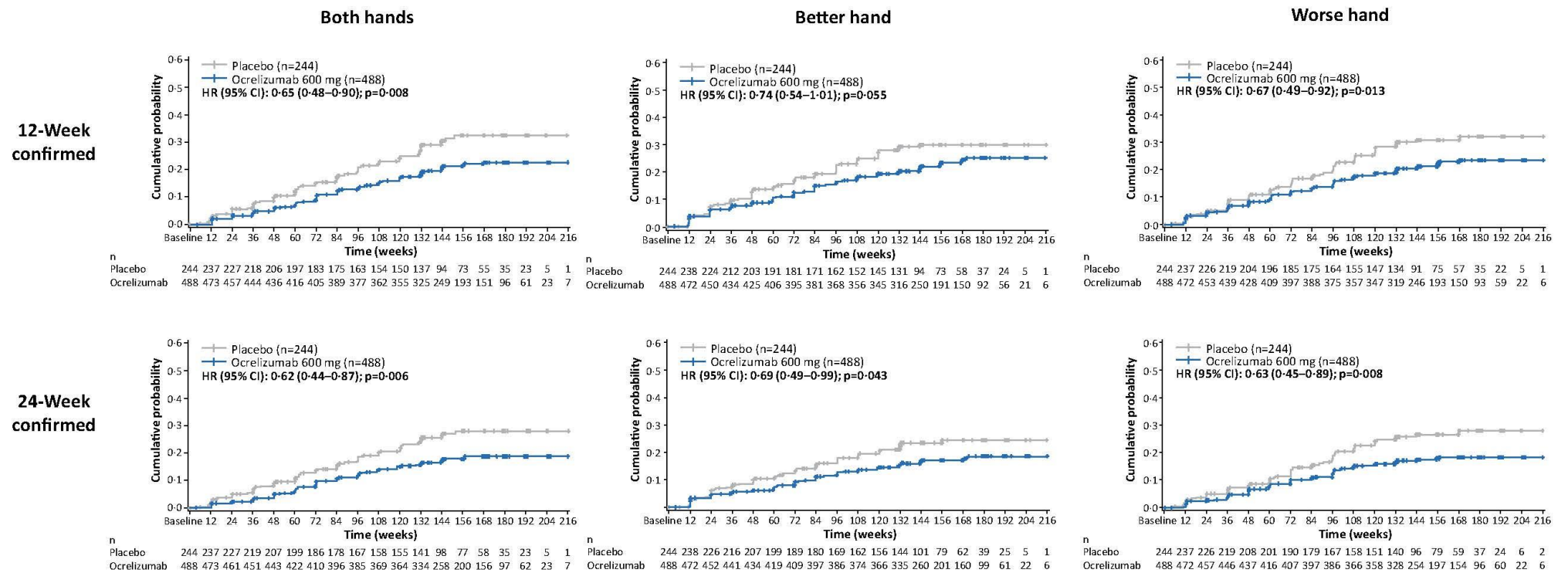


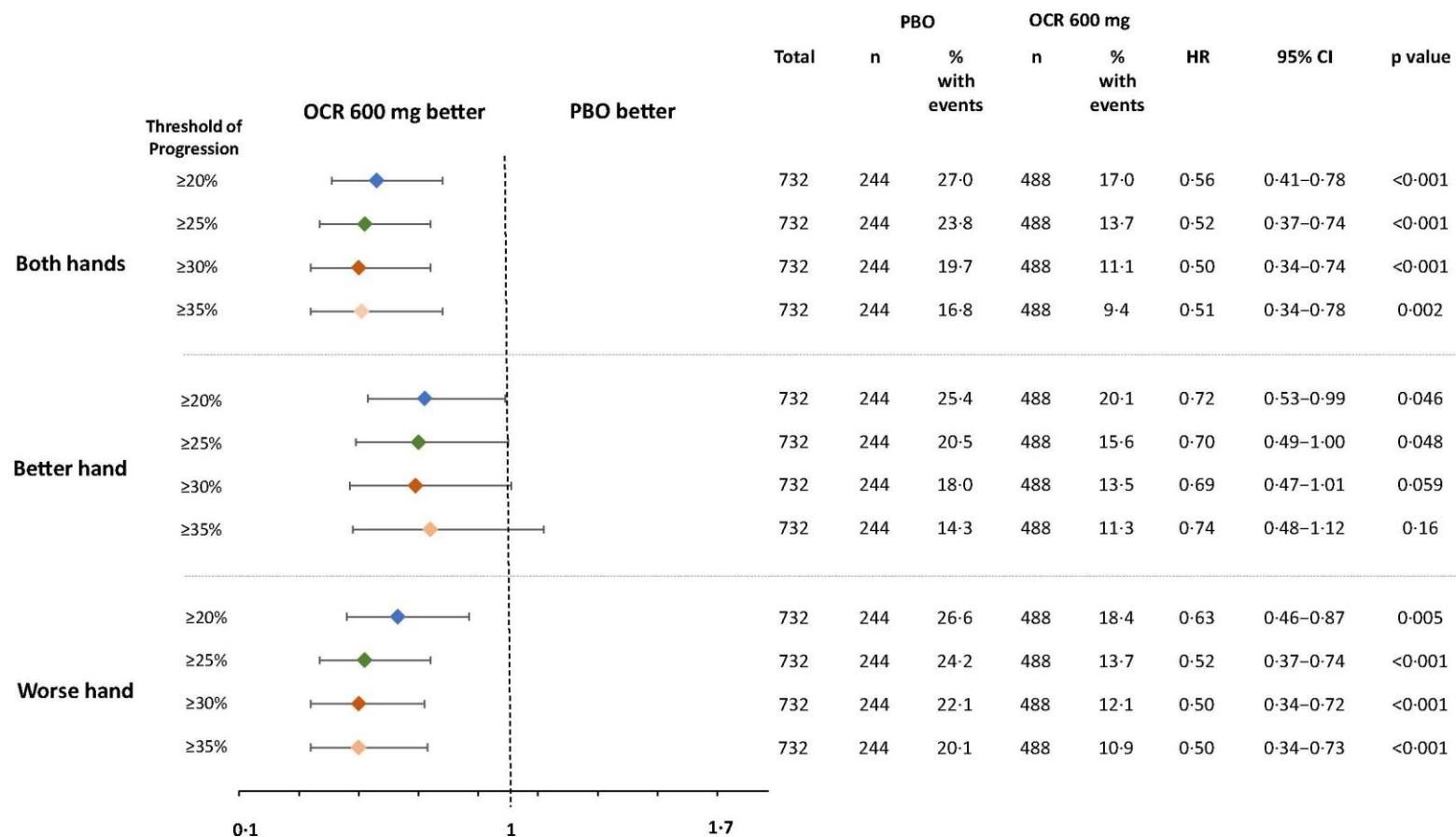
**Figure S1. Time to 12-week CP (≥20% increase) in 9HPT time in the ITT population and subgroups of patients with abnormal/normal 9HPT times at baseline, and patients with baseline EDSS <6 and ≥6.**

HR derived from a Cox proportional hazards model stratified by region (USA vs rest of world) and age (≤45, >45 years).

9HPT, Nine-Hole Peg Test; BL, baseline; CP, confirmed progression; EDSS, Expanded Disability Status Scale; HR, hazard ratio; ITT, intention-to-treat; OCR, ocrelizumab; PBO, placebo.



**Figure S2. Time to 12- and 24-week CP ( $\geq 20\%$  increase) in 9HPT time in the ITT population using the “best of 2” calculation method.**  
 9HPT, Nine-Hole Peg Time; CP, confirmed progression; HR, hazard ratio; ITT, intention-to-treat.



**Figure S3. Time to more-severe 12-week CP (≥25%, ≥30%, and ≥35% increase) in 9HPT time in the ITT population.**

HR derived from a Cox proportional hazards model stratified by region (USA vs rest of world) and age (≤45, >45 years). No adjustments were made to account for multiplicity of testing.

9HPT, Nine-Hole Peg Test; BL, baseline; CP, confirmed progression; EDSS, Expanded Disability Status Scale; HR, hazard ratio; ITT, intention-to-treat; OCR, ocrelizumab; PBO, placebo.